

Foster Family Home - Corrective Action Report

Provider ID: 1-160013

Home Name: Noreen Montijo, CNA

94-833 Kalaiaha Place

Waipahu

HI 96797

Review ID: 1-160013-4

Reviewer: Sue Lo

Begin Date: 3/1/2018

End Date: 3/4/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/01/2018

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7) and 41.(f) TB Clearance lapse due on/before 1/12/17 was done on 2/26/18 for CG#1, HHM #1,3,,4; and due on/before 1/12/17 was done on 2/15/18 for CG#2.


Compliance Manager

Primary Care Giver

3/1/2018
Date

3/1/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Noreen Montijo
CCFFH Address: 911.833 Kalaiahi Place Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7) 41.(1) S	I cannot undo lapses.	3/1/18	I understand that TB clearances are to be done every year before due date. PCG will log in all ^{before} requirements & due dates on iPad calendars. I will check iPad daily to prevent lapses in the future.

Primary Caregiver's Signature: 

Print Name: Noreen Montijo

Date of Signature: 3/2/2018